

<u>DISCLOSURE 2D – INDIVIDUAL: MARIJUANA BUSINESS OWNERSHIP INTERESTS</u>

Refer to the Application Instruction Booklet for instructions on how to complete this form at: www.michigan.gov/mmfl

Use related addendum if additional pages are necessary. Please disclose any equity interest of the individual, the individual's spouse, parent, or child in any other business that directly or indirectly involved in the <i>growing</i> , <i>processing</i> , <i>testing</i> , <i>transporting</i> , <i>or sale of marijuana</i> .							
				Marijuana Business Entity Name		State of Incorporation or Registration	License or Registration Number
				Address			FEIN
Individual's Name	Relationship to Applicant	Percentage of Interest	SSN				
Marijuana Business Entity Name		State of Incorporation or Registration	License or Registration Number				
Address			FEIN				
Individual's Name	Relationship to Applicant	Percentage of Interest	SSN				
Marijuana Business Entity Name		State of Incorporation or Registration	License or Registration Number				
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Address			FEIN				
Individual's Name	Relationship to Applicant	Percentage of Interest	SSN				

NOTE: The Marijuana Regulatory Agency may require additional individuals to submit personal disclosure forms based on information contained in this application or otherwise disclosed during the background investigation.